FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **696455**

1. Corporation Name

UNIVERSAL TRAVEL SERVICES, INC.

Principal Place of Business
2848 5TH AVE, NO.
ST. PETERSBURG FL 33713

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90040 025 ***150.00



Principal Place of Business Mailing Address						- I 180112 DITTO TREE ETHEL BLOOM BEING BUILD DE	SI MIMIL MINIT MIL	tii minii didii iddi	
2848 5TH AVE. NO. ST. PETERSBURG FL 33713		2848 5TH AVE. NO. ST. PETERSBURG FL 33713				DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed	10 017102		٦
						07/29/1981			-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo			1
21		26				59-2111217 Not Ar		Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			1
22		27				5. Certificate of Status Desired	Fee	Required	_
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		_	
24	25	29 :	30			Personal Property Tax.	Yes Yes	□No	4
	9. Name and Address of Current	Registered Agent		 		10. Name and Address of New Registers	d Agent		4
DAV	M WATCON :			81	Name				İ
	M WATSON	82 S			Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	5 PINELLAS BAYWAY #4								4
HEN	RA VERDE FL 33715			83					
	·			84	City		. 85 Z	ip Code	1
					•	F	· L	·	4
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was au	thorized	i by i	-named corpo he corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing pointment as	its registered registered	
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	*TOPS IN 12	- 8
12.	OFFICERS AND	DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS	Chang		1 3
TITLE	WATSON, LOIS U.	□ becele						,	
ANTE DINITILAC DADIZMAY #A			1.2 NAME 1.3 STREET ADDRESS		1000500				8
STREET ADORESS									6
CITY-ST-ZIP	TIERRA VERDE FL	☐ DELETE	1.4 C	TY-ST	-ZIP		Chang	ge Addition	1 5
TITLE	DV .	. Deceie						,	
NAME	LARMON, JOE S		2.2 N		*******	•	•		
STREET ADDRESS	· ·				ADDRESS				= ==
-CITY-ST-ZIP			3.1 TI		ZIP		☐ Chan	ge Addition	H
TITLE	DV DONALD		1						
NAME	BOLICH, DONALD 1136 BIRDIE ROAD	·	3.2 N		********				ĺ
STREET ADDRESS	BROOMFIELD, CO 00000		3.3 STREE		ļ				
CITY-ST-ZIP	DP	DELETE	_	<u>:ПҮ-51</u>	-ZIP		☐ Chang	ge 🗋 Addition	Η.
TITLE		Doctore	4.1 Π		İ			,	
NAME	WATSON, RAY M 1355 PINELLAS BAYWAY #4		4. 2 N						
STREET ADDRESS					ADDRESS	•			1
CITY-ST-ZIP	TIERRA VERDE FL	DELETE	_	<u> </u>	-ZIP		Chang	ge \ \ \ Addition	7
TITLE		₩ DELETE	5.1 TI 5.2 N			·		2	1
NAME			5.3 STREET ADDRESS		ADDRESS				
STREET ADDRESS				ITY-ST					
CITY-ST-ZIP	 	☐ DELETE	6.1 Ti		-ur		Chang	ge Addition	1
TITLE		C) DETE 15	6.2 N					,	-
NAME.	·				ADDRESS				-
STREET ADDRESS	t		0.3 5	INCE					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.